

Guam Developmental Disabilities Council

Konsehelon Guåhan para I Taotao ni' Maninutet desde ki Manhoben

130 University Drive, Suite 2, Mangilao, Guam 96913 • Tel: (671) 735-9127 • Fax: (671) 734-9121 • Email: guamddc@gddc.guam.gov

Application for Council Membership

Name (full): _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____ E-mail: _____

DOB: _____

Is this a: _____ Self-Nomination
_____ Nomination by another individual or organization. If by
another, please specify: _____

_____ State Agency Representative or Non-Government
Organization (Please skip to Question #5 – Council
Membership Categories)

The Council strives to achieve membership that is geographically representative of the cultural and socioeconomic diversity of the state: **Completion of this information is not required.**
Please circle ONE letter.

FEMALE

MALE

A

G

White not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

B

H

Black not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.

C

I

American Indian or Alaskan Native. A person having origins in any of the original peoples of North America, and who maintain identification through tribal affiliation or community. Specify: _____

D

J

Asian or Pacific Islander. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa: Specify: _____

E

K

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish Culture or origin, regardless of race.

F

L

Other. Specify: _____

Please consider me for a position as a (please check appropriate category below:)

COUNCIL MEMBER REPRESENTATIVE CATEGORIES

1. _____ **Person with developmental disability** *(See definition on last page).*

I meet this requirement because (please describe your developmental disability or disabilities):

2. _____ **Parent of a son or daughter or a family member of someone with a developmental disability.** *(See definition on last page).*

Please specify the relationship: _____

How old is your family member with a disability? _____

Describe the disability (or disabilities)?

What services (school, respite care, case management, etc.) Is your family member currently receiving?

Does your family member live at home? _____ YES _____ NO

3. _____ **Immediate relative or guardian of an adult with a mentally impairing developmental disability who cannot advocate for himself/herself.**

Please specify the relationship: _____

How old is your relative with the developmental disability? _____

Describe the developmental disability (or disabilities)?

Does your relative live at home? _____ YES _____ NO

4. _____ **An immediate relative or guardian of an institutionalized or previously institutionalized individual with a developmental disability or an individual with a developmental disability who resides or previously resided in an institution. *(Please complete section A or section B.)***

_____ A. I meet this requirement because I am the immediate relative or guardian of an institutionalized individual with a developmental disability.

Please describe your relative's developmental disability (or disabilities):

Does your relative live at home? _____ YES _____ NO

If no, please give the name and address of the institution.

_____ B. I meet this requirement because I am an individual with a developmental disability who resides in or previously resided in an institution.

Please describe your developmental disability (or disability):

Do you currently live in an institution now? _____ YES _____ NO

List the name and address of the current and/or previous institution:

5. _____ **A representative of a local agency, non-governmental agency or private nonprofit group concerned with services for individuals with developmental disabilities.**

Type of organization:

_____ private nonprofit _____ local agency
_____ service provider _____ advocacy organization
_____ other, please specify _____

Name and address of organization:

Types of services:

How is the organization concerned with services for persons with developmental disabilities?

Please complete the following questions to the best of your ability.

COUNCIL DUTIES

1. Why are you interested in being a member of the Council?

2. Is there a specific issue, area of concern or problem that encourages you to apply for membership?

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3. **Will you make a commitment to attend Council meetings, standing and ad hoc committee meetings each year?** *(Note: Members of Council who must forfeit wages may receive compensation for loss of wages incurred in the performance of their duties.)*

_____ YES

_____ NO

4. **Are you willing to read/review agendas and accompanying packets or information in preparation for these meetings (primarily reading)?**

_____ YES

_____ NO

5. **Are there any special accommodations necessary for you to participate on the Council?**

_____ YES

_____ NO

If yes, describe accommodations needed (accessibility, interpreters, respite care, attendants services, etc.)

6. **Please list nay membership in advocacy organizations and indicate any office held .** *(Membership in other organizations is not a requirement):*

7. What types of experience have you had in advocating for people with developmental disabilities?

8. Please tell us a little about yourself and your family:

9. Please list two references – names, address and phone numbers:

1.

2.

10. Please indicate how you learned about the Council:

Print & Sign

Date

[PLEASE NOTE: The Governor of Guam appoints members to the Council. The Council assists in the recruitment of nominees for the Governor's consideration. Persons appointed to the Council will receive official notification from the Office of the Governor.]

Please mail the completed form to:

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735-9121 Fax